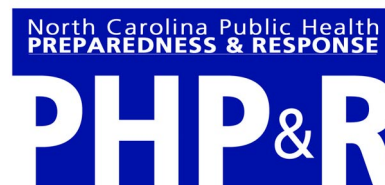

NORTH CAROLINA'S PHRST LINE REPORT

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State Office Reports

PHRST Words – Isabel and the PHRST Responders

I want to take this opportunity to say one more time what a wonderful job everyone did in the aftermath of Hurricane Isabel. Even as the accolades regarding the rapid needs assessment continue to come in, it is worth noting that your work has generated a lot of interest around the country. The concept of using newly created BT resources as a sort of Delta Force for public health emergencies is a tangible benefit with a value that most people can easily recognize. Not only does it promote a positive image for PHP&R, it is a tremendous boost to the ongoing effort to demonstrate the value of all public health services.

But our work is not yet done. There are many lessons to be learned from Isabel and the post-event reviews and evaluations that are being conducted will help us iron out a lot of wrinkles. This is a completely new way of doing things and we have a lot to learn. At the same time, this is a truly exciting time to be in public health – and we are paving the way for others to follow. I look forward to discussing our experiences in more detail and refining this innovative model we have created.

Thank you all for a job well done!

Jim Kirkpatrick

Getting to the GIS of the Matter (Special Report from PHRST 5)

The PHRST teams bridge the geographic gap between state government and local municipal and county agencies. PHRST teams must be able to locate events and activities in terms of multiple geographic levels: national, multi-state, state, multi-county region, county, municipal, and in some cases including zip code areas, census tracts, block groups and neighborhoods. Describing a public health event at the appropriate geographic level is essential to be able to calculate incidence and prevalence rates as well as to mobilize the governmental or other agencies best suited to respond to the problem. Certain kinds of advanced responses to deliberate releases of bioterror agents or chemical agents such as plume modeling require powerful GIS capabilities.

In recognition of the importance of GIS to public health preparedness and response, last year PHRST 5 was awarded a Homeland Security Grant from ESRI, the company that makes GIS software. PHRST 5 received more than \$15,000 worth of GIS software, including ArcGIS for desktop computers for three members of the PHRST team, and 20 copies of ArcPad software designed for use on pocket-PC computers. Using a combination of the Homeland Security Grant and aid-to-county money from the NC Office of Public Health Preparedness, about 20 users in Guilford County and seven other counties are now equipped with

IPAQ pocket PCs, Global Positioning System (GPS) units, and ArcPad mapping software. PHRST 5 is providing training to these users to enhance capacity to conduct effective outbreak investigations, collecting geographic coordinates in the field and communicating wirelessly for real-time transmission of time-sensitive, outbreak-related information. Plans call for testing these capabilities during the state Bioterrorism Training Exercise to be held in October.

GIS Task Force: PHRST 5 Epidemiologist. Mark Smith, along with Emily Sickbert-Bennett of PHRST 4, have been invited to participate in the regular meetings of the GIS Task Force in Raleigh, hosted by the NC Department of Agriculture and Consumer Affairs Emergency Programs Division. The GIS Task force brings together representatives of numerous state and other agencies to discuss ways to enhance GIS capabilities relating to Homeland Security, especially as this relates to the Multi-Hazard Threat Database.

GIS Training: In May of 2002, Dr. Smith attended five days of training in ARCGIS I and ARCGIS II to learn the use of ArcMap, the desktop mapping software. Steven Ramsey, the team Industrial hygienist, took the ARCGIS I training at Guilford College in September 2003. In the spring of 2003, the two PHRST 5 members attended a Mobile GIS seminar in Charlotte. On February 20-21, Dr. Smith attended the 2003 NC Conference for Geographic Information Systems. This conference afforded an opportunity to learn about the latest developments in integrating GIS with Global Positioning System technology as well as learning more about the uses of GIS in public health preparedness and response.

Recruitment of Pharmacists for Disaster Relief is Underway

On October 7 a four-hour PHTIN training program in disaster preparedness was held for North Carolina Registered Pharmacists titled, "Introduction to Weapons of Mass Destruction, Bioterrorist Agents and the Strategic National Stockpile." About 10 sites and 150 pharmacists participated in the interactive presentation. Dr Heidi Swygard, physician on PHRST 4, and Margaret Haas, public health pharmacist and Strategic National Stockpile manager for North Carolina were among the presenters. Response was encouraging and any pharmacists in North Carolina desiring a volunteer sign-up form can fill out the attached form or contact Margaret Haas at margaret.haas@ncmail.net. A webcast of the presentation will be available early November on the UNC School of Public Health website www.sph.unc.edu/nccphp/training/index.html.

Just In Case Anyone Forgot

The dates for our first exercise, which takes place in three phases, are as follow:

Phase I (early detection, agent identification, leading up to the call for the PUSH package)
October 22-24.

Phase II (reception and staging of the PUSH package, secondary distribution and dispensing sites) November 12-14.

Phase III (quarantine and isolation) December 10-12.

Staff Changes

Bill Richardson, the IT director for the Division of Public Health and creative force behind North Carolina's Health Alert Network, has left to accept a position with Elizabeth City State University. Bill's expertise and innovation will be greatly missed.

Regional Surveillance Teams



Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, Nash, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington and Wilson

Eastern RAC

PHRST 1 attended ERAC Disaster Preparedness Committee meetings on July 31 and September 4 and facilitated the Public Health Subcommittee. Health Departments from the 29 counties served by ERAC and PHRST 1 staff serve on the Public Health Subcommittee to discuss disaster preparedness and Public Health. Agenda items included a brief presentation on NC HAN, discussion concerning HB 273, county BT plans, Fall Exercises, Aid to County funds, respiratory protection, and use of RAC Decon and Training funds.

PHRST 1 also participated in the ERAC Disaster Preparedness Committee, Communications Subcommittee.

Preparedness and Surveillance

- Provided assistance to several counties with their BT Plans. All 25 counties in Region 1 have submitted their BT plans to the state.
- Continued to work on plans for “First Flight Celebration” in December.
- Worked with Greenville Utilities’ water vulnerability assessment.
- Assisted several counties in the follow-up of suspected West Nile cases.

Participation in Preparedness Training and Exercises

- PHRST 1 attended two disaster preparedness exercises: “Hurricane Charlene” drill and “Silent Farmland,” 8/5/2003.
- HAZWOPPER training in Charlotte, 8/13/03 – 8/14/03.
- Attended a two-day training in Jacksonville on terrorism preparedness for area emergency responders, 8/27/03 – 8/28/03.
- Attended an ARC-PAD training in Greensboro, 8/29/2003.
- Attended the Quarterly Training Conference for PHRSTs, RRTs, hospital coordinators, RAC coordinators and Disease Investigation Specialists in Wilmington, 9/11/03 – 9/12/03.

Presentations and Workshops Provided

- Participated in a State Highway Patrol training in Garner, 8/5/03 – 8/7/03.
- Provided enhanced NC HAN training for the following health departments: Albemarle Regional Health Services, Wilson, Lenoir, Pamlico, Greene, Nash, and Craven. These trainings are available upon request.
- “Botulism in Argentina” workshop was provided for the Beaufort County Health Department’s Epi Team, 8/22/03.
- Provided an “Infection Control” presentation for about 60 ECU students and their faculty, 9/8/03.
- Presented “Bioterrorism 101” for Albemarle Regional Health Services’ community “Bioterrorism Response Training,” 8/16/03.

- Assisted in Region 3's "Respiratory Protection Training" and fit testing for Richmond County Health Department 9/9/03.

Hurricane Isabel

PHRST 1 was very busy preparing for and ultimately responding to the counties affected by Hurricane Isabel. During three days following the onslaught of Isabel, PHRST 1 spent a great deal of time with reconnaissance activities in the most affected counties in Northeastern NC.

PHRST 1 greatly appreciates the enormous amount of assistance received from all the PHRST teams across the state. We are specifically proud of the outstanding work they performed obtaining household surveys for the Rapid Needs Assessments, Phase I and Phase II, under the direction of the state BT team, BT Industrial Hygiene Consultant Will Service, and the Centers for Disease Control and Prevention.



Bladen, Cumberland, Harnett, Hoke, Johnston, Lee, Moore, Richmond, Robeson, Sampson, Scotland, Wayne

Training

- Attended NC Occupational Safety & Health Summer Institute in Norfolk, VA, 8/4/03 – 8/8/03.
- Attended HAZWOPER Refresher Course in Charlotte, NC, 8/14/03.
- Conducted Respiratory Protection Training at Richmond County Health Department, 8/26/03.
- Conducted Respiratory Protection Training at Bladen County Health Department, 8/27/03.
- Conducted Respiratory Protection Training at Harnett County Health Department, 8/28/03.

Meetings

Attended Pride in Public Health in Oakridge, NC, 8/8/03.

Presentations

Presented Bioterrorism Presentation to Methodist College Physician Assistants, 8/6/03.

Other

- Conducted smallpox clinic for Bladen County Health Department (3rd round), 8/27/03.
- Conducted interviews for state position at Cooper Building, Raleigh, NC, 8/29/03.



Alleghany, Ashe, Caswell, Davidson, Davie, Forsyth, Guilford, Montgomery, Randolph, Rockingham, Stokes, Surry, Watauga, Wilkes, Yadkin

Staff Changes

Debbie Garrett, an original member of PHRST 5, was named the region's team leader on September 10. Debbie has been the nurse epidemiologist for PHRST 5 since the team formed and will continue to serve in this capacity while assuming team leadership responsibilities. Former Team Leader Eric Ireland will assume the role of BT Planner for Guilford County Department of Public Health. Eric has returned to school at UNC-Greensboro to complete his MPH.

REGIONAL MEETING

PHRST 5 hosted their first regional meeting with health directors and other health department staff on September 25. Rosemary Summers, Orange County Health Director, presented information on lessons learned for local health departments during the investigation and follow up of SARS last spring. PHRST 5 Lead Epidemiologist Chris Ohl presented a historical overview of isolation and quarantine and lessons learned in public health regarding SARS and other emerging infectious diseases. Jim Kirkpatrick discussed the rapid assessment tool used after hurricane Isabel and led a discussion with participants regarding goals and missions of PHRST. Special thanks are extended to Rosemary Summers, Chris Ohl, and Jim Kirkpatrick for making our first regional meeting a success.

PRESENTATIONS/TRAINING

Industrial hygienist/Environmental Health Specialist Steve Ramsey provided Respiratory Protection Training and fit testing for nine counties. Steve also presented an overview of the Respiratory Protection Training at the quarterly meeting in Wilmington.

Debbie Garrett and Steve Ramsey developed and facilitated a tabletop exercise for Rockingham County. The exercise involved investigation and follow up after a SARS case at one of the local hospitals. Forty-eight individuals representing the health department, EMS, Red Cross, PHRST 5, and the two county hospitals participated in the exercise.

Dr. Ohl made presentations on emerging infectious disease to the Davie County LEPC and the Appalachian Health District.

Debbie Garrett provided smallpox education and training for SORT, DIS employees based in Winston-Salem, and Wake Forest Baptist Medical Center. Additional smallpox clinics were held at SORT, DIS, and three Region 5 counties.



Alexander, Anson, Cabarrus, Catawba, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly and Union

Strategic National Stockpile (SNS) Exercise Planning

PHRST 7 has been heavily involved helping to plan the SNS exercise that will take place November 12-14 in Mecklenburg County. The exercise in our region will involve receiving the TED package from a primary reception site, breaking down packaged medicines and medical supplies so that they can be distributed to

other counties in the region, and operating dispensing sites within participating counties in the region. Nurse Investigator Belinda Worsham and Dr. Stephen Keener, the physician epidemiologist, are leading the planning efforts. Administrative Assistant Vivian Brown has been heavily involved in the coordinating, planning, and communications related to the activities of the exercise project. The North Carolina counties that will have dispensing sites in the November exercise that involve distribution from the Mecklenburg Reception Site include Cabarrus, Swain, and Guilford. Horry County, SC, will also receive medicines and medical supplies from the Mecklenburg Reception Site.

Among the highlights of the PHRST 7 activities has been the hosting of a regional meeting that drew together officials and representatives from the CDC, PHP&R, local health agencies, and emergency management offices from the counties within the region. Representatives from South Carolina public health also attended. Members of the CDC staff presented information about the SNS program and answered specific questions from the audience regarding SNS planning.

Rollout of the Medical Online Surveillance Tool (MOST) and North Carolina Emergency Department Data System (NCEDDS)

Since mid-July, PHRST 7 has been recruiting local health directors and hospital administrators to be part of the MOST and NCEDDS surveillance systems. The MOST system is designed to capture syndromic and other data from emergency department visits, school attendance records, Poison Center calls, day care attendance, and other sources. The early detection of unusual numbers of disease/condition occurrence is the goal of MOST. NCEDDS was initially developed as a means for hospitals to track emergency room visits and operations; however, some of the data it captures could be useful in public health surveillance as well. A collaborative effort between the two surveillance programs was initiated to more efficiently recruit participants.

The initial effort of this collaboration was a region-wide meeting in which health department representatives were invited to hear a presentation from MOST and NCEDDS representatives about the two programs. After this meeting, the collaborators (including the PHRST team) visited hospitals in the region to recruit their participation. The recruiting program is on going; however, the feedback thus far has been very positive. The recruiting efforts have shown success, and the surveillance effort that originally included only Mecklenburg, Union, and Cleveland counties will soon include Cabarrus, Lincoln, Rowan, Catawba, and Stanly counties.

Hurricane Isabel Response

PHRST 7, along with other Regional Surveillance Team members, DENR staff, and Department of Agriculture veterinarians, participated in the Rapid Needs Assessment Survey of North Carolina's coastal residents hit by Hurricane Isabel. We gained valuable experience in the operations of a large-scale survey in a disaster response. The operation was a tremendous team-building experience.

Respiratory Protection Training

The PHRST 7 team has conducted two respiratory protection-training sessions to the Mecklenburg County Health Department. The training provides a means for local health departments to be compliant with state and federal Occupational Safety and Health Administration regulations. The training provides health department employees to undergo fit testing of N-95 particulate respirators. Thus, employees are ensured of wearing a respirator that does not leak, and the respirator will perform at anticipated levels of protection. Training has been scheduled for Alexander County for October 16; Stanly County is considering having the training as well.

Odds and Ends

PHRST 7 is participating on the Catawba Nuclear Power Plant Taskforce. The purpose of the Taskforce is to prepare for the Nuclear Regulatory Commission's (NRC) exercise scheduled for March 2004. Potassium iodine (KI) distribution to the public will be a component of this exercise, and the PHRST team will have a role in this operation.

PHRST 7 continues to be an active participant on the committee to develop plans for distributing KI to the general public, schools, and day cares.

Belinda Worsham has assisted several counties in the region with their Shigella outbreaks during the summer months in Gaston and Union counties.

Editor's Note:

The purpose of this newsletter is to provide information briefs that are useful and timely. It is designed to be scanned quickly to determine topics of interest and then provide pertinent information in two or three paragraphs. The primary contributors to the newsletter are the Office of Public Health Preparedness and Response and the state's seven Public Health Regional Surveillance Teams. This is because the PHRST Line Report is one of our primary communication tools as well as an historical record of our efforts. Topics submitted by counties, partners and stakeholders are also welcome as they pertain to bioterrorism preparedness. Submissions should be e-mailed to our editor at Bill.Furney@ncmail.net.

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